APR 1 3 2004

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FACSIMILE TR	ANSMITTAL SHEET
TO: EXAMINER JEFF H. AFTERGUT	FROM: JOSEPH V. TASSONE, ESQ.
USPTO – ART UNIT 1733	DATE: 4/13/2004
FAX NUMBER: 703-872-9306	TOTAL NO. OF PAGES INCLUDING COVER-
PHONE NUMBER: 571-272-1226	SENDER'S REFERENCE NUMBER. DOCKET NO. 94-25B
EXTENSION OF TIME REQUEST	YOUR REFERENCE NUMBER. S.N. 10/071,634
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TRANSMITTAL FORM	
FEE TRANSMITTAL	

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Under the Paperwork Reduction Act of 1995 no pers	One are required to respond to a collect Application Number	tion of informati <u>on unless</u>	It dieplays	PART MENT OF COMMERCE a valid OMB control number
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TRANSMITTAL	Filing Date	02/07/2002		
FORM	First Named Inventor	Shifman		
(to be used for all correspondence after initial filing)	Art Unit	1733		
•	Examiner Name	Jeff H. Aftergut		
Total Number of Pages in This Submission	Attorney Docket Number	94-25b		
	CLOSURES (Check all ti	net apply)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Ucensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s)	to T App of A App App App App App App App App App A	echnological Com oppeals a oeal Com peal Notic prietary I	sure(s) (please
	E OF APPLICANT, ATTO	RNEY, OR AGEN	<u> </u>	
Firm Joseph V. Tassone or Individual name				·
Signature Joseph /- 20 Date April /2,2004	ssoul			
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I hereby certify that this correspondence is being to sufficient poetage as first class mail in an envelop the date shown below. Typed or printed name	Security to the USPT	O or denosited with the	United \$	States Postal Service with Indria, VA 22313-1450 on
Lori L. Kelley	1.00		Date	04//3/2004

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PTO/SB/17 (10-03)
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Applicant claims small entity status, See 37 CFR 1.27		Examiner Name		\rightarrow	Jeff H. Aftergut					
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PTO/S8/22 (08-03)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 94-25b	
In re Application of Shifman	
Application Number 109/071 634 Filed 02/07/	2002
FOR WITH FLUOROPLASTIC INTERPOLYMERS AND	IERS
Art Unit 1733 Examiner Jeff H. After	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identif	bei
application	
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):	
One month (37 CFR 1.17(a)(1))	00
Two months (37 CFR 1.17(a)(2))	
Three months (37 CFR 1.17(a)(3))	
Four months (37 CFR 1.17(a)(4))	
Five months (37 CFR 1.17(¢)(5))	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced	by one-
Applicant claims small entity status. See 37 Ct N 127 months and the resulting fee is: \$. : .
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
have guthorized to charge fees in this application to a Deposit Account	i.
The Director has already been authorized to charge any fees which may be required, or credit any overs	ayment,
The Director is hereby authorized to charge any less which may be required on Form P to Deposit Account Number 04-0375, also authorized on Form P attached	TO/SB/17
I have enclosed a duplicate copy of this sheet.	1101 0 10 1
] am the ☐ applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
attorney or agent of record. Registration Number 20,998	
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)	
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April 13, 2004 Joseph Signature	724
, care	
(937) 226-5725 Joseph V. Tassone Typed or printed name	
Telephone Number	if more than one
NOTE: Signatures of all the Inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms signature is required, see below.	

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